

Request for Cellular Device Exemption

Request Date: _____

Department Org Code: _____

Department Name: _____

Agency Org Code (if applicable): _____

Agency Name (if applicable): _____

Does this request include attachments? Yes ☐ No ☐

Please indicate the total number of pages:

Number/Type of devices requested:

A. Justification for exemption(s):

B. Clearly explain why other alternatives, such as shared resource pooling, are not practical:

Annual Cost for the Devices Requested (by device type):

Total: \$ _____

Contact Person: _____ Phone Number: _____ E-mail: _____